

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>M. G.</i>		12/1/99
O.I.P.E. CLASSIFIER		12	
FORMALITY REVIEW	<i>DW</i> <i>TAF</i>	72346 110	12-22-99 10-22-01

INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
☐ N Non-elected  
☐ I Interference  
☐ A Appeal  
☐ O Objected

Claim	Date											
Final	Original											
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If more than 150 claims or 10 actions  
staple additional sheet here

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593  
10-21-01